



Public Bathing Facility Program
Biology Section
 29 HAZEN DRIVE, PO BOX 95
 CONCORD, NH 03302-0095
 PHONE: 603-271-7108

**POOL
Application**

Pursuant to RSA 485-A:26, any person requesting public bathing facility construction approval shall submit the following information and a \$100 fee for each facility. **NOTE: No installation or reconstruction may be initiated until DES approval has been granted. No changes to any structure and/or circulation and disinfection system component may be made without prior approval from DES. Also, a pre-opening inspection by DES is required prior to public use.**

Name of establishment where facility is located:	Location of facility (Town / City):
Facility street address:	Facility Type: Swimming Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Receiving Pool <input type="checkbox"/> Therapy Pool <input type="checkbox"/>
Facility phone number:	Is facility located: Outdoors <input type="checkbox"/> or Indoors <input type="checkbox"/>
Facility Owner / Contact (Name, mailing address, and phone number):	
Facility Designer / Installer (Name, mailing address and phone number):	

Attach plans showing the following information:

1. Simple layout of buildings, pool, rest rooms, showers, and location of water supply.
2. Scale drawing of pool showing dimensions; diving board, skimmer and inlet locations; spacing of gutter or deck drains; size, location and material of piping, fill-spout and main drains / suction outlets.
3. Longitudinal section of entire pool and cross-section at deep end showing depths & slopes.
4. Detailed schematic of circulation and disinfection piping.
5. Specifications of circulation system components.

Information for pool structure:

Capacity in gallons:		Material of construction:	
Shallow end depth (ft):		Maximum deep end depth (ft):	
Depth at deep end wall or 12" out (whichever is deeper):		Depth at breakpoint:	
Slope of bottom at shallow end (ft/ft):		Distance of deep end wall to breakpoint (ft):	
Perimeter of pool(ft):	Surface area of pool (sq ft):	Length & width (ft): X	
Depth 22' from deep end wall:		Distance between diving board to side wall (ft):	

Information for pool circulation system:

Number of inlets:	Gutter system: Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of skimmers:	2" diameter skimmer equalizer pipe: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hair Strainer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Flow meter manufacturer: Flow meter range:
Disinfection Type & Method: Chlorination: <input type="checkbox"/> Bromination: <input type="checkbox"/> Positive displacement: <input type="checkbox"/> Erosion: <input type="checkbox"/>	
Disinfection unit manufacturer (submit specifications): Model: Capacity: (include units)	
Pump recirculation rate (gpm) (submit pump specifications):	
Turnover time (in hours) [pool capacity (gal)/recirculation rate(GPM)/60 min per hour]:	
Type of Filter: High Rate Rapid Sand: <input type="checkbox"/> Low Rate Rapid Sand: <input type="checkbox"/> Cartridge Type: <input type="checkbox"/> Vacuum Diatomaceous Earth: <input type="checkbox"/> Pressure Diatomaceous Earth: <input type="checkbox"/>	
Filter manufacturer(submit specifications): Model: Filter area (sq ft): Filter flow rate (gpm/sq ft):	

Information for pool safety and management:

Twelve foot pole with body hook provided: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ring buoy with attached throw rope: Yes <input type="checkbox"/> No <input type="checkbox"/>
Rope with floats at break point : Yes <input type="checkbox"/> No <input type="checkbox"/>	Security fencing provided: Yes <input type="checkbox"/> No <input type="checkbox"/>
Depth markings along the pool deck and on vertical pool wall at or above water line: Yes <input type="checkbox"/> No <input type="checkbox"/>	Anti-Entrapment Devices Installed: Yes <input type="checkbox"/> No <input type="checkbox"/> Type: SVRS <input type="checkbox"/> Other <input type="checkbox"/> Manufacturer: Model: (submit specifications)
Number of Toilets available for immediate use: Number of Showers available for immediate use:	
Circulation/Disinfection system operating instructions provided for pool owner/operator: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Water quality testing kit with fresh dated reagents capable of testing for free and total chlorine or bromine, pH , temperature, etc. are provided: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Information for water supply and backwash disposal:

Source of facility make-up water: Municipal: <input type="checkbox"/> Well: <input type="checkbox"/> Surface Water: <input type="checkbox"/>
Has the source water been analyzed?
Make-up water piping is: Hard piped with a six inch air gap: <input type="checkbox"/> Hose filled with a vacuum breaker backflow preventer: <input type="checkbox"/>
If filter is to be backwashed, where is disposal site for backwash?